

2124

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 39

Registrar's No. 57

1. Place of Death: (a) County Cochise (b) City or Town Flagstaff (c) Location Flagstaff Hospital  
(If outside city limits write RURAL) (St. & No. (d) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 3 mos; In Community 1 year; In Arizona 45 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yavapai (c) City or Town Camp Verde  
(If outside city limits write RURAL)  
(d) Street No. none (e) If foreign born, in U. S. A. none yrs.  
3. (a) FULL NAME Concha Vindola Teague (b) If veteran name was none (c) Social Security No. none  
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband John Franklin Teague 6. (c) Age of husband 54 yrs.  
or wife, if alive

7. Birthdate of deceased Dec 8, 1895  
(Month) (Day) (Year)  
8. AGE: Years 45 Months 8 Days 26  
If less than one day hrs. min.

9. Birthplace Das Cabezas, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father 12. Name Jesus Vindola  
13. Birthplace Old Mexico  
(City, town or county) (State or Country)

Mother 14. Maiden Name Jesusa Bravo  
15. Birthplace Old Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature John Teague  
(b) Address Flagstaff

17. (a) Burial, Cremation or Removal at home  
(b) Place Edona (c) Date Dec 5, 1940

18. (a) Embalmer's Signature H. L. Thompson  
(b) Funeral Director "  
(c) Address Flagstaff

19. (a) Date received local Registrar Sept 2-40  
(b) Registrar's Signature Hermes

SM 1005 Reg 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 3, 1940  
TIME (Hour and minute) 10:30 am M.

21. I hereby certify that I attended the deceased from June 23, 1940 to September 3, 1940;  
that I last saw her alive on September 3, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Supra

Due to Severe Burns of hands & legs

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) no

(b) Date of occurrence June 22, 1940

(c) Where did injury occur? Pine, Arizona  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? no (e) Means of injury Burn

23. Signature Chas. L. Schuyler M.D.  
Address 9 N. Second Date signed Sept 3-1940

DURATION

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.